Medical report by Dr Oliver D Starr

Dated
13th March 2016 (two years after the event)

Specialist field
General practice

On behalf of the claimant
Mrs Lemon (wife of the late Mr Lemon, date of birth 22/5/1971, date of death 31/3/2014) of 123 Fruit Street, Grocery Town.

On the instructions of
Ms A Lawyer, Busy Solicitors LLP.

Subject
The care provided by the general practitioner Dr A to the late Mr Lemon in March 2014.

Written by
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Report

1. Introduction and summary

1.01 Technical terms and explanations

I have indicated any technical terms in **bold type**. I have defined these in a glossary in appendix 3.

1.02 The expert witness

I am Dr Oliver Dominic Starr. My specialist field is general practice. Full details of my qualifications and experience entitling me to give expert opinion evidence are in appendix 1.

I have been asked to examine the care given to the late Mr Lemon by his general practitioner Dr A in March 2014.

1.03 Summary background of the case

Mr Lemon was 42, a smoker and overweight. In February and March 2014 he experienced a burning sensation in his chest and arms and was feeling short of breath. He saw a GP, Dr A, on 4th March 2014 who prescribed some antacid medication. Ten days later they spoke on the phone. The pains had not improved and Dr A suggested he double the dose of the antacid. Mr Lemon got worse rather than better and on the 31st March 2014 he collapsed at home and died.

1.04 Summary of my conclusions

This report will show that in my professional opinion the care provided by Dr A both on 4th March 2014 and 14th March 2014 fell below a standard of care expected of a reasonably competent GP.

1.05 The parties involved:

- The late Mr Lemon, formally of 123 Fruit Street, Grocery Town.
- Mrs Lemon, the wife of the deceased.
- Ms Orange. the sister of Mrs Lemon.
- Dr A, No Hope Medical Practice, Doctor Town.
- Dr B, Lifelong Health Centre, Doctor Town.

1.06 Sources and background to this report

This report has been prepared for the court after instructions from Busy Solicitors, solicitors acting for the claimant and examination of the following:

- General practitioner medical records of Mr Lemon dated Sept 2005 until the date of death.
- A post-mortem report dated 29th May 2013.
- A typed witness statement of Mrs Lemon's sister.
- A healthcheck carried out by Private Health Checks Ltd dated 11th Sept 2013.

1.07 In this report I will concentrate on liability issues pertaining to the general practitioner involved and I will not address aspects of liability pertaining to the hospital staff nor causation. These are better dealt with by an appropriate consultant expert.

1.08 For the purposes of this report I have not seen or examined Mr Lemon.

2 The issues to be addressed and statement of instructions

I have received a detailed statement of instruction from Busy Solicitors dated 8th March 2016. Specifically I have been asked to assess whether Dr A was negligent on the 4th March 2014 in failing to refer Mr Lemon for an 'urgent inpatient cardiac assessment' on this date.

3 The medical records

3.1 Mr Lemon's registered general practice was Dr B, Lifelong Health Centre, Doctor Town. He saw Dr A on the one occasion on 4th March 2014.

3.2 I am in receipt of general practice records from Dr B dated 7th Sept 2005 until 3rd Feb 2012. The records are handwritten from 7th Sept 2005 until 16th Oct 2006 and are difficult to decipher. Thereafter they are computerised.

3.3 2nd Oct 2006: Mr Lemon attended the emergency department of Save You Hospital, Drogheda with 'palpitations'. It appears he was sent home the same day.

3.4 6th Dec 2007: Mr Lemon saw Dr B and was prescribed antibiotics for a skin infection in the beard area.

3.5 29th Apr 2008: Mr Lemon attended Dr B with flu symptoms. He also described occasional breathlessness and difficulty with deep breathing. Dr B notes that Mr Lemon asked to be referred to a respiratory specialist. I have no records of this consultation occurring however.

3.6 29th Oct 2009: Mr Lemon had a vasectomy, done by Dr Snipper in Co Meath.

3.7 27th Sept 2010: Mr Lemon attended Dr B with a skin condition on his left temple. He was referred to a skin specialist.

3.8 3rd March 2012: Mr Lemon saw Dr C (presumably a doctor working at Dr B's surgery) describing a sore throat. Dr C recorded that Mr Lemon's **blood pressure was 148/93** (slightly over the normal range) and his **BMI** was 30.5 which classes him as obese.

3.9 At this point the records from Dr B cease. In summary so far the medical records do not indicate a history of heart problems. There is the mention of a feeling of breathlessness in April 2008 but there is no record of any investigations as a result of that.

3.10 11th Sept 2013: Mr Lemon undergoes a private healthcheck with Private Health Checks Ltd. I have read the report in full. A questionnaire filled out by Mr Lemon showed that he smoked 15 cigarettes a day and drank about 3 glasses of wine a week. Blood tests results were all normal. Mr Lemon's **cholesterol** was 6.4 which is slightly elevated. **Spirometry (a test of the lungs)** looks normal to me. An **ECG** also looks almost normal. I say almost because there is a suggestion in the ECG that the left side of Mr Lemon's heart could be enlarged. This is shown in leads V2 and V5. However this would not require further investigation in my opinion, given that Mr Lemon was not experiencing any symptoms.

3.11 At this point in the medical records there are no signs of a problem with Mr Lemon's heart or lungs.

We now move to the records of Dr A's practice.

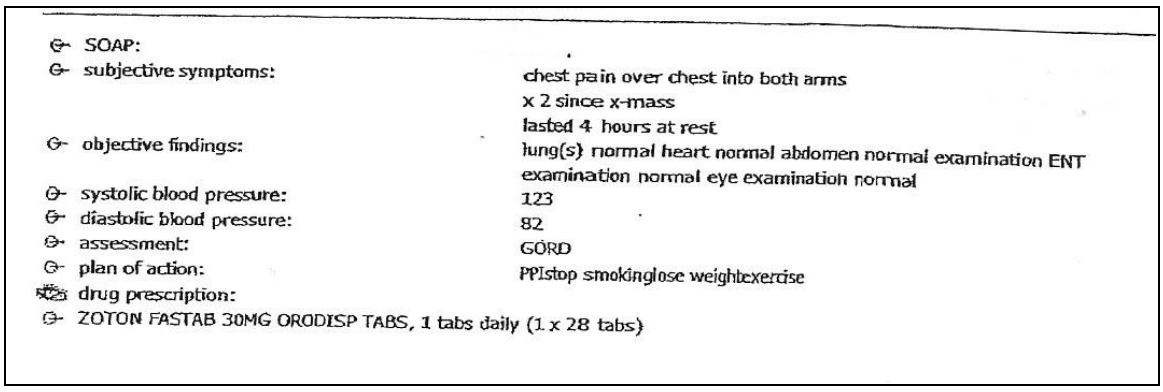
3.12 13th May 2009: Mr Lemon saw a nurse and had his ears syringed to clear out ear wax.

3.13 3rd Dec 2009: Mr Lemon saw Dr D describing feeling dizzy for an hour in the night. His examination was normal and it was suggested that Mr Lemon's blood pressure may have dropped a little, which caused transient dizziness.

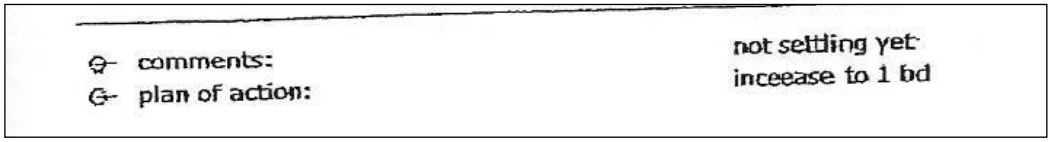
3.14 8th Dec 2009: Mr Lemon saw the 'registrar' in the practice (who is not named) with ongoing dizziness and ringing in his ears. A suggestion was made that this was an inner ear infection and for Mr Lemon to come back if it hadn't settled soon.

So far there is nothing in the medical records which is relevant to subsequent events.

3.15 4th March 2014: Mr Lemon saw Dr A describing pain in his chest going into his arms. Dr A noted he had it twice since Christmas and an examination was normal. Dr A diagnosed **GORD (gastro-oesphageal reflux disease)** and prescribed **Zoton (an antacid medication).** I have scanned in the entry below:


SOAP:
subjective symptoms: chest pain over chest into both arms x 2 since x-mass lasted 4 hours at rest
objective findings: lung(s) normal heart normal abdomen normal examination ENT examination normal eye examination normal
systolic blood pressure: 123
diastolic blood pressure: 82
assessment: GORD
plan of action: PPIstop smokinglose weightexercise
drug prescription:
ZOTON FASTAB 30MG ORODISP TABS, 1 tabs daily (1 x 28 tabs)

3.16 14th March 2014: Mr Lemon spoke to Dr A on the telephone. The records indicate that the pain was not settling. Dr A suggested he double the dose of the medication, from once a day to twice a day. I have scanned in the entry below:


comments: not settling yet
plan of action: inceease to 1 bd

3.17 30th March 2014: Mr Lemon stopped breathing at his home. His wife called an ambulance and gave him CPR. He was taken to Save You Hospital by emergency ambulance but was pronounced dead on 31st March 2014 at 0023hrs.

3.18 The post mortem carried out on 1st April 2014 at the Save You Hospital showed severe atherosclerosis of all three main blood vessels on the heart. There was also a blood clot in one of the blood vessels on his heart. The conclusion was that Mr Lemon had sustained a heart attack which had then led to heart failure and his death.

4 Mrs Lemon's sister's version of events

4.1 I am in receipt of a typed witness statement from the deceased's wife's sister.

4.2 She recounts that Mr Lemon started to complain of chest pains in February 2014. He complained of a soreness and a tight burning sensation in his chest. 'He became lethargic and had shortness of breath'.

4.3 She states that Mr Lemon attended the doctor on 4th March 2014 and was told the pains in his chest, shooting to his arms, were due to a 'burnt oesophagus'. He was prescribed medication.

4.4 She states that as the month of March 2014 went on Mr Lemon's symptoms got worse and in particular she remembers that on 17th March 2014 Mr Lemon found it difficult to walk to the local parade. 'He had very bad shortness of breath', she states.

4.5 She states that by the end of March Mr Lemon's symptoms were getting worse and his wife booked another appointment with the GP. Unfortunately before that appointment came round

he collapsed at his home on the evening of 30th March 2014 and became unresponsive. In the early hours of 31st March 2014 he was pronounced dead in the hospital.

5 Medical background

5.1 Gastro-oesophageal problems can often mimic the chest pain of a heart attack. It is often difficult to distinguish the two. The National Institute for Clinical Excellence in the UK has published guidelines on when to suspect a cardiac cause for chest pain: "Chest pain of recent onset: Assessment and diagnosis of recent onset chest pain or discomfort of suspected cardiac origin" (CG95), March 2010.

5.2 They state, at 1.2.1.2:

"Determine whether the chest pain may be cardiac and therefore whether this guideline is relevant, by considering:

- *the history of the chest pain*
- *the presence of cardiovascular risk factors*
- *history of ischaemic heart disease and any previous treatment*
- *previous investigations for chest pain."*

Mr Lemon did have risk factors for heart disease: he had been a lifelong smoker and was overweight.

5.3 The NICE guidelines go on to state, at 1.2.1.3:

"Initially assess people for any of the following symptoms, which may indicate an ACS (an acute coronary syndrome, meaning a problem with the blood supply to the heart)*:*

- *pain in the chest and/or other areas (for example, the arms, back or jaw) lasting longer than 15 minutes*
- *chest pain associated with nausea and vomiting, marked sweating, breathlessness, or particularly a combination of these*
- *chest pain associated with haemodynamic instability*
- *new onset chest pain, or abrupt deterioration in previously stable angina, with recurrent chest pain occurring frequently and with little or no exertion, and with episodes often lasting longer than 15 minutes."*

Mr Lemon's symptoms involved pain in his arms and, according to his late wife's sister's witness statement, was associated with breathlessness. These features pointed to a cardiac cause for the pain rather than the stomach or oesophagus.

6 My opinion

6.1 In my opinion Dr A's medical practice on both 4th March 2014 and 14th March 2014 fell below that expected of a reasonable general practitioner. I will deal with each date in turn.

6.2 On 4th March 2014 Mr Lemon saw Dr A. There is, in my opinion, an inadequate record of the history of the symptoms that Mr Lemon was describing. I believe at that point that to diagnose **'GORD' (gastro-oesophageal reflux disease**) was not appropriate. A number of questions were not answered in the records. Acid reflux problems are usually worse lying down, for example, or after eating. Conversely, if chest pain is coming from the heart then it usually gets worse on walking around, or going up stairs. This is termed *exertional chest pain* and is typical of heart problems. Neither of these factors (if the pain was worse lying down, or if it was worse on exercise) were recorded.

6.3 Dr A also noted that the chest pain was going down both of Mr Lemon's arms. It would be unusual for stomach acid to cause pain in the arms. It usually causes a burning feeling behind the sternum (breast bone) but does not go down the arms.

6.4 Mrs Lemon's sister states in her witness statement that Mr Lemon was complaining of shortness of breath, as well as a burning feeling in his chest. There is no mention in the records of Dr A enquiring after this. I would expect a reasonable GP to ask about any other symptoms that occur with the chest pain, such as shortness of breath, sweating or feeling faint. It would be unusual for stomach acid to cause shortness of breath.

6.5 In addition no mention is made in the notes of a follow up plan. There is no record of what Mr Lemon should do if the pain were to get worse, or indeed what to do if it got better.

6.6 Dr A's assessment on 4th March 2014 was therefore inadequate, in my view. I believe that if a more thorough history had been taken, particularly relating to whether the pain was worse on lying down, or on exercise, and the presence of other symptoms such as shortness of breath, then a reasonable GP would have made an urgent referral to a cardiologist. In the UK this takes place in the form of a 'rapid access chest pain clinic' where a patient with suspected heart pain is seen urgently, often within a week. In Ireland there may be different arrangements. Irrespective of these referral pathways, I believe it would have been reasonable to ensure that Mr Lemon saw a cardiologist urgently. By urgently, I mean within a week.

6.7 I will now consider the record of 14th March 2014. This was a telephone consultation with Dr A. The record here is very brief. Dr A notes that the symptoms are not settling and advises Mr Lemon to increase the dose of the antacid medicine from once a day to twice.

6.8 In this way an important opportunity to revisit the history was missed. If the original diagnosis of acid reflux were correct, one would expect at least a partial response to the Zoton. The chest pain would have improved at least a little, in my experience. The fact that things were not improving should have prompted Dr A to reconsider the diagnosis. I think a reasonably competent GP would have recorded more of the symptoms Mr Lemon was

experiencing, whether things were getting worse or better, what the nature of the pain was now, and considered reviewing Mr Lemon in person.

6.9 In summary therefore in my opinion Dr A's medical care fell below an acceptable standard on both 4th March and 14th March 2014.

6.10 I was asked specifically in my letter of instruction from Busy Solicitors whether Dr A was negligent on 4th March 2014 in failing to refer Mr Lemon for an urgent inpatient cardiac assessment on this date. As I've explained above, I think an urgent referral to a cardiologist should have been made on 4th March. That may not necessarily have meant sending Mr Lemon in to hospital. It could have been an urgent cardiology referral. This may have been to a rapid access chest pain clinic where the patient is usually seen within a week; or it may have been an urgent referral privately to a cardiologist.

7 Statement of truth

I confirm that I have made clear which facts and matters referred to in this report are within my own knowledge and which are not. Those that are within my own knowledge I confirm to be true. The opinions I have expressed represent my true and complete professional opinions on the matters to which they refer.

8 Statement of conflicts

I confirm that I have no conflict of interest of any kind, other than any which I have already set out in this report. I do not consider that any interest which I have disclosed affects my suitability to give expert evidence on any issue on which I have given evidence and I will advise the party by whom I am instructed if, between the date of this report and the trial, there is any change in circumstances which affects this statement.

Signed by Dr Oliver Starr

Dated

Appendix 1

My experience and qualifications

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General medical council number 6102039

Current positions:
Full-time sessional GP in Hertfordshire and north London.
Undergraduate tutor at University College London Medical School.
Trainer of GP trainee doctors.
Case assessor for the National Perinatal Epidemiology Unit, Oxford.
Elected member of the Hertfordshire Local Medical Committee.
General practitioner appraiser.

Qualifications

MRCGP	Membership of the Royal College of General Practitioners, 2009.
DRCOG	Diploma of the Royal College of Obstetricians and Gynaecologists, 2009.
MRCS	Membership of the Royal College of Surgeons of England, 2007.
MBChB	Bachelor of medicine and surgery, University of Birmingham, 2004.
BMedSc	Bachelor of science, University of Birmingham, 2001.

Expert witness training

Member of the Expert Witness Institute.
Cardiff University accredited Bond Solon excellence in report writing training.

Other interests

Chair and organiser of the Herts Young Practitioner Group which holds educational meetings for young GPs every two months.
Member of the Primary Care Dermatology Society.

Appendix 2

List of sources examined

- Medical records of the late Mr Lemon.
- A typed witness statement of the late Mr Lemon's wife's sister.
- A post mortem report of Mr Lemon dated 30th May 2014.
- A private healthcheck carried out by Private Health Checks Ltd, dated 11th Sept 2013.
- NICE guidelines CG95 published March 2010.
- Panju A, Hemmelgarn B, Guyatt G, Simel D. The rational clinical examination. Is this patient having a myocardial infarction? JAMA 1998; 280(14): 1256-63.
- Karnath B, Holden M, Hussain N. Chest pain: differentiating cardiac from noncardiac causes. Hospital Physician April 2004, p 24-27.

Appendix 3

Glossary of terms used

Blood pressure of 148/93: normal blood pressure would be between about 120/80 and 140/90 for a man in his 40s, like Mr Lemon. 148/93 shows that Mr Lemon's blood pressure was slightly elevated.

BMI: body mass index. A measure of someone's weight in relation to their height. A BMI of about 19-25 is normal, 25-30 is overweight and 30+ is obese. Mr Lemon's BMI was recorded as 30.5, which classes him as obese.

Cholesterol: a naturally occurring fat in the blood stream, that all people have. There is no firm range that can be considered normal because it depends on a number of factors.

ECG: an electrocardiogram. A test to look at the rhythm and rate of the heart beat.

GORD: gastro-oesphageal reflux disease, a condition caused by acid in the stomach coming up into the oesophagus (food pipe) which often causes a burning feeling.

Spirometry: breathing tests to look at how well the lungs work.

Zoton: the brand name for the medicine lansoprazole. Lansoprazole counteracts acid in the stomach and is a commonly prescribed medicine for heartburn and indigestion.